

FERENCE & ASSOCIATES

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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (703) 872-9306
Date: January 31, 2004
Pages: 16 pages (including this cover sheet)

MESSAGE:

Application No. 09/804,735
Examiner Jean Janier
Art Unit 3622

Amendment Transmittal
Petition and Fee for Extension of Time
Amendment

696.002

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JAN 31 2005

In re Application of : Srinivasan et al.
Serial No. : 09/804,735 Examiner : Jean Janier
Filed : March 13, 2001 Group Art Unit : 3622
For : DETERMINING THE EFFECTIVENESS OF INTERNET
ADVERTISING (as amended)

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has been previously established.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on January 31, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.002

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

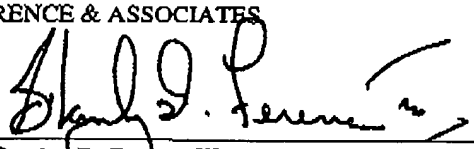
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>	
							<u>RATE</u>	<u>FEE</u>			<u>RATE</u>	<u>FEE</u>
Total Claims	20	-	** 20	=	* 0	x	\$25	= 0	O	x	\$50	=
Ind. Claims	3	-	*** 2	=	* 0	x	\$100	= 0	O	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	O	+	\$360	=
							<u>TOTAL</u>	= \$0	O		<u>TOTAL</u>	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ Attached is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$_____ filing fee to the credit card identified in the attached Credit Card Payment Form.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the attached Credit Card Payment Form.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
 Stanley D. Ference III
 Reg. No. 35,879

Dated: 31 January, 2005

Mailing Address:

Customer No. 35195
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 Pittsburgh, Pennsylvania 15143
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